

Today's Date: \_\_\_\_\_

Owner's Name: (Last) \_\_\_\_\_ First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Spouse's Name: (Last) \_\_\_\_\_ First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

Address: street: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ This is (please circle): home cell work

Alternate Phone: \_\_\_\_\_ This is (please circle): home cell work

Spouse Phone: \_\_\_\_\_ This is (please circle): home cell work

Email Address: \_\_\_\_\_

(We will send vaccination reminders, appointment reminders and clinic updates) Text Reminders: Yes \_\_\_ No \_\_\_

Owner's Place of Employment: \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_

Children's first names/ages (optional) \_\_\_\_\_

In case of emergency, nearest friend or relative who does not live with you:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you become aware of our hospital? Personal Recommendation: \_\_\_\_\_

(Refer a friend a receive a credit on your account!!)

Facebook \_\_\_ Google \_\_\_ Hospital Sign \_\_\_ Yelp \_\_\_ Other: \_\_\_\_\_

**Payment Policy:**

Full payment is required upon rendering of our services. Deposits are required on major medical and surgical cases and emergency cases where hospitalization is required.

We happily accept cash, Mastercard, Visa, Discover, American Express and check.

We do not carry open accounts and hope the above options are convenient for you.

I agree to pay any costs and charges necessary for the collection of any amount not paid when due.

**Permissions:**

To prevent the spread of infectious diseases and parasites, hospitalized or boarded animals must be current on all vaccines and be free of internal and external parasites. I authorize Hawthorne Animal Hospital to perform and I guarantee to pay for any such vaccinations and parasite tests and treatments.

In the event of an emergency, I authorize Hawthorne Animal Hospital to perform life stabilizing treatments.

Separately, we would also like permission to share your pets on social media sites for the purpose of education and promotions.

No names of ownership will ever be shared. I agree \_\_\_\_\_

Signature of owner or authorized representative:

\_\_\_\_\_ Date: \_\_\_\_\_

**Pet 1**

**Pet 2**

**Pet 3**

**Pet 4**

Pet's Names:

\_\_\_\_\_

Dog/Cat:

\_\_\_\_\_

Breed:

\_\_\_\_\_

Color/Markings:

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

Sex (M/F):

\_\_\_\_\_

Spayed/Neutered (S/N):

\_\_\_\_\_

Heartworm Prevention:

\_\_\_\_\_

Microchip:

\_\_\_\_\_

Vaccination Dates:

**Dogs:**

Rabies:

\_\_\_\_\_

Distemper/Parvo (DHPP)

\_\_\_\_\_

Lepto

\_\_\_\_\_

Bordetella

\_\_\_\_\_

Influenza

\_\_\_\_\_

Heartworm Test

\_\_\_\_\_

Fecal

\_\_\_\_\_

**Cats:**

Rabies:

\_\_\_\_\_

FVRCP:

\_\_\_\_\_

Leukemia

\_\_\_\_\_

FIV/FelLeukemia test:

\_\_\_\_\_

Has your pet been to a veterinarian before? Yes \_\_\_ No \_\_\_ Date of last visit? \_\_\_\_\_

What prior illnesses, surgery, drug allergies, or special food requirements should we know about your pet?

\_\_\_\_\_

Are there any specific behavior issues or problems that we should be aware of?

\_\_\_\_\_

Do any of your pets have specific fears, phobias, or triggers that may make them fearful during their visits?

\_\_\_\_\_

If so, are there any known successful remedies to help your pet through fearful events:

\_\_\_\_\_

Do your pets have any specific likes or dislikes? (Treats, rewards, male doctor versus female doctor, etc)

\_\_\_\_\_

\_\_\_\_\_